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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
10/718,113	11/20/2003	Arlan James Reschke	2931

50855
UNITED STATES SURGICAL,
A DIVISION OF TYCO HEALTHCARE GROUP LLP
150 GLOVER AVENUE
NORWALK, CT 06856

CONFIRMATION NO. 9889
OC000000016410499
OC000000016410499

Date Mailed: 06/29/2005

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 06/20/2005.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

LISA E FULTON
3700 (571) 272-4348

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CONFIRMATION NO. 9889
OC000000016410480
OC000000016410480

Date Mailed: 06/29/2005

NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 06/20/2005.

- The Power of Attorney to you in this application has been revoked by the assignee who has intervened as provided by 37 CFR 3.71. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

LISA E FULTON
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